IAPS Rec'd PCT/PTO 21 JUN 2006

Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: CLOTHES HANGING DEVICE FOR

TRANSPORTING CLOTHES IN A

PASSENGER VEHICLE

Attorney Docket Number:: 9014-1005

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

| Applicant | Informa | tion |
|-----------|---------|------|
|-----------|---------|------|

Applicant Authority Type:: Inventor
Primary Citizenship Country:: HUNGARY

Status:: Full Capacity

Given Name:: JOZSEF

Middle Name::

Family Name:: VACITY

Name Suffix::

City of Residence:: BAJA

State or Province of

Residence::

Country of Residence:: HUNGARY

Street of Mailing ALKOTMANY U. 9

Address::

City of Mailing Address:: BAJA

State or Province of Mailing Address::

Country of Mailing Address:: HUNGARY

Postal or Zip Code of Mailing Address:: H-6500

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

| Representative Customer | 00466 | |
|-------------------------|-------|--|
| Number:: | | |

Domestic Priority Information

| Application:: | Continuity | Parent | Parent Filing |
|------------------|-------------------|-------------------|---------------|
| | Type:: | Application:: | Date:: |
| This application | National Stage of | PCT/HU2004/000116 | 12/14/04 |
| | | | |

Foreign Priority Information

| Country:: | Application | Filing Date:: | Priority |
|-----------|-------------|---------------|-----------|
| | Number:: | | Claimed:: |
| HUNGARY | U0300317 | 12/22/03 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::